

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
Tallahassee, Florida 32399-0001

95 MAY - 1 PM 5:06

DOCUMENT # MO6168 (2)
C.J. TREE FARMS, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Business: 2601 BISCAYNE BLVD. POST OFFICE DRAWER 370308 MIAMI FL 33137
Mailing Address: 2601 BISCAYNE BLVD. POST OFFICE DRAWER 370308 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date(s) Reported (if Quarterly)	3a. Date of Last Report
10/08/1984	06/20/1994
4. FEI Number	Applied For
59-2456181	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
6. This Corporation Files Returns or Information Under Chapter 129, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office of Business	2a. Mailing Address
21. Subj. App. # of	26. Subj. App. # of
22. City & State	27. City & State
24. ZIP	25. County
29. State	30. Country

9. Name and Address of Current Registered Agent

CAIRNS, TERRANCE, V
2601 BISCAYNE BLVD
MIAMI FL 33137

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.082 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.082, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Registered Agent-in-Charge)
DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD GOLDSTEIN, MICHELLE 2601 BISCAYNE BLVD MIAMI FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY & STATE		1. CITY & STATE	
TITLE	PD MILLER, ROGER 2601 BISCAYNE BLVD. MIAMI FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		2. CITY & STATE	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I am not entitled for the exemption stated in Section 139.02(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as an officer listed with an address.

SIGNATURE: *Roger Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/28/95 2057546653